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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	A 3 M For (Proposed corpor	ate name - quist include suf	prises Inc		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
\$70.00 Flying Fee	□ \$78.75 Filing Fee & Certificate	□\$122,50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM: _	ADDITIONAL COPY REQUIRED Albort Heinzle Name (Printed or typed)				
3641 NW 119th AR					
-	Sonrise City,	FL 33: State & Zip	323		

AR'	ΓIC	CLE	ES O	FI	NC	ORPO	RATI	ON
								₹;
AT 18	•		* •			c .2		~ ~

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Business Corporation Act, hereby adopts the fe	ollowing Articles of Incorporation.
ARTICLE I NAME	At M Family Enterprises Inc
The name of the corporation shall be:	13 11 tamily Enterprises Inc
ARTICLE II PRINCIPAL OFFI	CE .
The principal place of business and mailing	g address of this corporation shall be:
	3641 NW 119 Are
	Sonnse FL 33323
ARTICLE III SHARES	
The number of shares of stock that this cor	poration is authorized to have outstanding at any one time is:
	1
	ten Shares
	•
	ERED AGENT AND STREET ADDRESS
The name and Florida street address of the	initial registered agent are:
	Albert Heinzle
	3641 NW 119th Ac
ARTICLE V INCORPORATOR	Sonvik FC 33323
The name and address of the incorporator	r to these Articles of Incorporation are:
	Albert Heinzle 3641 NW 119MAE
	3641 NW 119 MAR
,	Sonvie PC 33323
+ heinz	1-2-03
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date